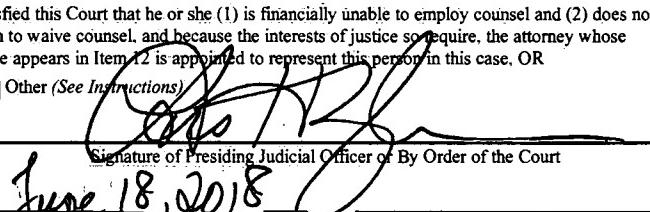


## CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 5/99)

|   |  |   |  |                            |
|---|--|---|--|----------------------------|
| 1. CIR./DIST./ DIV. CODE<br><u>0310</u>   | 2. PERSON REPRESENTED<br><u>Oscar Perez Jr</u>   | VOUCHER NUMBER  |  |                            |
| 3. MAG. DKT./DEF. NUMBER<br><u>18-4513-02 (CHG)</u>   | 4. DIST. DKT./DEF. NUMBER  | 5. APPEALS DKT./DEF. NUMBER   | 6. OTHER DKT. NUMBER                                       |                            |
| 7. IN CASE/MATTER OF (Case Name)<br>US v. <u>Oscar Perez Jr</u>   | 8. PAYMENT CATEGORY<br><input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense<br><input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other<br><input type="checkbox"/> Appeal   | 9. TYPE PERSON REPRESENTED<br><input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant<br><input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee<br><input type="checkbox"/> Other | 10. REPRESENTATION TYPE<br>(See Instructions)<br><u>CC</u> |                            |
| 11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense.<br><u>11-21-8416 Conspiracy to Distribute Methamphetamine (2) 21-8416 Conspiracy to Distribute Heroin.</u>   |  |   |  |                            |
| 12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix),<br>AND MAILING ADDRESS<br><br><u>Robert Harvey, Esq.</u><br><u>12 Rosedale Rd #A104</u><br><u>Pennsauken NJ 08107</u><br>Telephone Number : <u>609-243-7070</u>  | 13. COURT ORDER<br><input checked="" type="checkbox"/> Appointing Counsel <input type="checkbox"/> C Co-Counsel<br><input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney<br><input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel |   |  |                            |
| Prior Attorney's _____<br>Appointment Dates: _____<br><input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case. OR<br><input type="checkbox"/> Other (See Instructions)<br><br><br>Signature of Presiding Judicial Officer or By Order of the Court<br><u>June 18, 2018</u> |  |   |  |                            |
| 14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)  |  |   |  |                            |
| 15. CLAIM FOR SERVICES AND EXPENSES   |  |   |  |                            |
| CATEGORIES (Attach itemization of services with dates)  |  | HOURS CLAIMED   | TOTAL AMOUNT CLAIMED                                       | FOR COURT USE ONLY         |
|   |  |   |  | MATH/TECH. ADJUSTED HOURS  |
| 15. In  |  |   |  | MATH/TECH. ADJUSTED AMOUNT |
| a. Arraignment and/or Plea  |  |   |  | ADDITIONAL REVIEW          |
| b. Bail and Detention Hearings  |  |   |  |                            |
| c. Motion Hearings  |  |   |  |                            |
| d. Trial  |  |   |  |                            |
| e. Sentencing Hearings  |  |   |  |                            |
| f. Revocation Hearings  |  |   |  |                            |
| g. Appeals Court  |  |   |  |                            |
| h. Other (Specify on additional sheets)   |  |   |  |                            |
| (RATE PER HOUR = \$ )   |  | TOTALS:   |  |                            |
| 16. Out of  |  |   |  |                            |
| a. Interviews and Conferences   |  |   |  |                            |
| b. Obtaining and reviewing records  |  |   |  |                            |
| c. Legal research and brief writing   |  |   |  |                            |
| d. Travel time  |  |   |  |                            |
| e. Investigative and other work (Specify on additional sheets)  |  |   |  |                            |
| (RATE PER HOUR = \$ )   |  | TOTALS:   |  |                            |
| 17. Travel Expenses (lodging, parking, meals, mileage, etc.)  |  |   |  |                            |
| 18. Other Expenses (other than expert, transcripts, etc.)   |  |   |  |                            |
| <b>GRAND TOTALS (CLAIMED AND ADJUSTED):</b>   |  |   |  |                            |
| 19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE<br>TO: _____  |  | 20. APPOINTMENT TERMINATION DATE<br>IF OTHER THAN CASE COMPLETION   |  | 21. CASE DISPOSITION       |
| 22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____   |  | <input type="checkbox"/> Supplemental Payment   |  |                            |
| Have you previously applied to the court for compensation and/or reimbursement for this Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO      If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO   |  |   |  |                            |
| I swear or affirm the truth or correctness of the above statements.   |  |   |  |                            |
| Signature of Attorney _____   |  | Date _____  |  |                            |
| <b>APPROVED FOR PAYMENT — COURT USE ONLY</b>  |  |   |  |                            |
| 23. IN COURT COMP.  | 24. OUT OF COURT COMP.   | 25. TRAVEL EXPENSES   | 26. OTHER EXPENSES   | 27. TOTAL AMT. APPR./CERT. |
| 28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER   |  |   | DATE   | 28a. JUDGE/MAG. JUDGE CODE |
| 29. IN COURT COMP.  | 30. OUT OF COURT COMP.   | 31. TRAVEL EXPENSES   | 32. OTHER EXPENSES   | 33. TOTAL AMT. APPROVED    |
| 34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.  |  |   | DATE   | 34a. JUDGE CODE            |